

## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections of the Block 1)

23557 7590 06/28/2004

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2421 N.W. 41ST STREET  
SUITE A-1  
GAINESVILLE, FL 32606-6669  
Ph: (352)375-8100 Fax: (352)372-5800

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Gwendolyn L. Daniels

(Depositor's name)

Gwendolyn L. Daniels

(Signature)

September 3, 2004

(Date)

Attn: Glenn P. Ladwig

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/172,689	10/14/1998	ERIC BRYAN BISH	UF-206X	9616

TITLE OF INVENTION: STRAWBERRY TRANSPLANT CONDITIONING FOR FLOWERING INDUCTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	09/28/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
MCCORMICK EWOLDT, SUSAN BETH		1661	047-058100		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Saliwanchik, Lloyd  
& Saliwanchik1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

University of Florida

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Gainesville, FL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee  
☒ Advance Order - # of Copies 10

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(Authorized Signature)

(Date)

Glenn P. Ladwig

9/3/04

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09/03/2004 YPOLITE2 00000018 190065 09172689

01 FC:2501	665.00 DA
02 FC:1504	300.00 DA
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